	CLAIMS		D - PART			SM	ALL	ENTITY			366 OTH	R THA
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OR						5 H-	ATE	FE	Ē		RATE	FE
			BER FILED	ARUMA	BER EXTRA	BA	IC FE	E (. 6	OR	BASIC FE	= 8/
TOTAL CHARGEABLE CLAIMS			minus 20=	·] x	\$ 9=		٦,	OR	X\$18=	1
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7) <	(Column 1) CLAIMS REMAINING AFTER	Minus	(Column Highe Number Previou Paid Fo	n 2) ST ER ISLY OR	PRESENT EXTRA	ADDIT	FEE	TIONAL	OF		TOTAL DOTT. FEE	TIONA
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